ALABAMA BOARD OF PHYSICAL THERAPY 100 NORTH UNION STREET STE 724 MONTGOMERY, AL 36130-5040

(334) 242-4064) FAX: (334) 240-3288

PERSONAL & CONFIDENTIAL MEMORANDUM OF COMPLAINT

Type or use black ink

Your Name:	
Home Address:	
Work Address:	
Home Phone No.:	Work Phone No
Patient's Name:Are you the patient?	Yes: No:
Patient's Date of Birth:	Patients Social Security No
Name and Address of the PT(s) or PTA(s):	
State exactly what the physical therapist or physical therapist assistant has done or has not done which causes you to make this report. Please include as much detail as you have and include photocopies of any supporting documents.	

ATTACH ADDITIONAL PAGES IF NECESSARY